

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-020403

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 223

FILED MAY 17 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		c. CITY OR TOWN Independence	
Length of stay in 1b 32 Years		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 624 South Crysler		d. STREET ADDRESS (If outside, give location) 624 South Crysler	
3. NAME OF DECEASED (Type or print) First BEN Middle BASSETT Last BASSETT		4. DATE OF DEATH Month May Day 12 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 7-25-1896
9. AGE (last birthday) 68		10. IF UNDER 1 YEAR Months 68 Days 68	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postman		10b. KIND OF BUSINESS OR INDUSTRY Postman	
11. BIRTHPLACE (City and state or country) Indian Tulsa Okla		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Ben Bassett		13b. MOTHER'S MAIDEN NAME Findley	
14. NAME OF HUSBAND OR WIFE Glodie Bassett		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I	
16. SOCIAL SECURITY NO. 487-50-2598		17. INFORMANT Glodie Bassett 624 South Crysler	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute pulmonary embolus DUE TO (b) Phlebitis left leg DUE TO (c) Fracture left hip with swelling		INTERVAL BETWEEN ONSET AND DEATH 10 days 4/4/63 4/13/63	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 6:00 a.m. 12 p.m. 12	20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 624 South Crysler	20f. CITY, TOWN, OR LOCATION Independence
21. I attended the deceased from 3/29/63 to 5/12/63 and last saw him alive on 5/10/63 Death occurred at 6:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Vance E. Link, M.D.	
22b. ADDRESS 10901 Union Rd Independence, Mo		22c. DATE SIGNED 5/13/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-14-1963	23c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery	23d. LOCATION (City, town, or county) Independence Missouri
24. FUNERAL DIRECTOR Roland R Speaks Funeral Home		25. DATE RECD. BY LOCAL REG. 5-14-63	26. REGISTRAR'S SIGNATURE Alba L. Craig

MAY 22 1963

MAY 27 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Don D. Lendary

Licensed Embalmer No. 5198

P. O. Address Indep. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

5-1-4-5